

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015282	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/2024
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NAME OF PROVIDER OR SUPPLIER COMMONS AT HONEY CREEK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 EAST CROSSING BOULEVARD ALLENDALE, IN 47802
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00447168 and IN00444563.</p> <p>Complaint IN00447168- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00444563- No deficiencies related to the allegations are cited.</p> <p>Survey date: November 14 and 15, 2024</p> <p>Facility number: 015282</p> <p>Residential Census: 66</p> <p>The Commons at Honey Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00447168 and IN00444563.</p> <p>Quality review completed on November 21, 2024.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____